TOOLE COUNTY CLERK & RECORDER 226 1ST STREET SOUTH SHELBY MT 59474

Phone 406-424-8300

## PLEASE READ THESE INSTRUCTIONS CAREFULLY

## WHO CAN ORDER A DEATH CERTIFICATE?

Complete copies of a certified death certificate will be issued to anyone who submits a completed application, establishes their identity, and lists the reason for needing the copy. If a death certificate lists the cause of death as "pending autopsy" or "pending investigation", a certified copy which has the cause of death information removed will be issued.

		CATION IS REQUIRED	
The person signing the request musignature or the requestor must ha		of both sides of their valid drive	r's license or other legal picture identification with a
signature of the requestor must ha	• •	gested Identification	
#Rictional Devitor Signatures	WAS AN MORNING BORNSON DE TO	heavi USTAhave a Sienature me	
Driver's License State ID Card Passport Military ID Card Tribal	Social Security Card Work ID Card Car registration/Insurance Doctor/Medical record Fishing License US Military DD 214 Utility Bill with a current address Voter Registration Card	Credit/Debit/ATM Card School ID Card Library Card Insurance Record Pay Stub Traffic/ Pawn ticket Court record Year Book	Notarized Montana Office of Vital Statistics Statement to Identify certified Birth or Death Certificate Applicant form (you must provide the original letter, not a photocopy or faxed copy) Have an authorized family member that has an ID order the certificate
the ID when mailing your request	tion requirement is <u>NOT</u> met or if the a		nave a signature. Please include photocopies of both sides of request will be returned and significant delays in
	FEE ( A DEATH CERTIFICATE cost \$3.0 COPIES OF A DEATH CERT	• • • • • • • • • • • • • • • • • • • •	ındable)
Please complete the followin	g information.	<del></del>	
Decedent's Name:	·		<u> </u>
Date of Death (We need a date to begin searching if date is unknown):  Date of Birth:			
Place of Death: Place of Birth:			
Parents Namès:			
Occupation: Spouse's Name:			
Number of Copies Type of record needed? Certified Not Certified			
	· · · · · · · · · · · · · · · · · · ·		
Mailing or Delivery Addi	ress:	• .	
Name:	<u> </u>		
Address:			
City, State, Zip:	Daytime Telephone Number:		
Signature of Applicant: Relationship:			
		ry (For use if needed)	
	personally appeared before me and to be the signer of the above instrument.  me this day of		Official Use Only  Date  Rec #
•			Amount

NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USE OR ATTEMPT TO USE THIS CERTIFICATE FOR ANY PURPOSE OF DECEPTION. (50-15-114, MCA)

My commission expires

Signature:

SEAL

Printed Name:

Residing at

Notary Public in and for the State of

Cert# Ser#

Comment